

Entered - 7-9-01- sb  
CL - 01L0413 ALEXIS HOLMES

CLAIM OF: **STATE FARM INSURANCE COMPANIES**

**As Subrogee of**

**WILLIE BROADNAX**

**AND ALICIA BROADNAX**

Auto Claim Central Subrogation Unit

11350 Johns creek parkway

Duluth, Georgia 30098-0001

**01-R-1526**

For damages alleged to have been sustained as a result of a vehicular accident on May 22, 2001 at North Avenue and Glen Iris Drive, NE.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

**BE IT RESOLVED** by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANIES as Subrogee of WILLIE BROADNAX AND ALICIA BROADNAX** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of a vehicular accident on May 22, 2001 at North Avenue and Glen Iris Drive, NE** as is more particularly set forth in the within claim; said sum taken from and charged to the Police Property Management Unit account, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY:

*Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

*Robert N. Chappin*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0413

Date: 9/12/01

Claimant /Victim WILLIE BROADNAX AND ALICIA M. BROADNAX  
BY: (Atty)(Ins.) State Farm Insurance Companies as Subrogee  
Address: Subrogation Unit 11350 Johns Creek Pkwy P.O. Box 1003 Duluth, Ga. 30096-9403  
Subrogation: X Claim for Property damage \$ 3,382.74 Bodily Injury \$             
Date of Notice: 6/25/01 Method: Written, proper X Improper             
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 5/22/01 Place: North Avenue at Glen Iris Drive, NE  
Department Police Division: Special Operations  
Employee involved Inv. Marcia Clark Dell Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The driver of the City vehicle was following too closely and rear-ended the claimants' vehicle causing damages in the above amount.

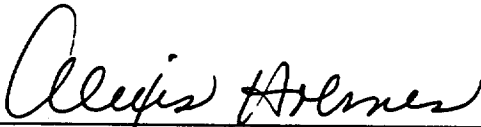
INVESTIGATION:

Statements: City employee            Claimant            Other            Written            Oral X  
Pictures            Diagrams X Reports: Police X Dept Report            Other             
Traffic citations issued: City Driver X Claimant Driver             
Citation disposition: City Driver Guilty Claimant Driver           


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial             
Improper Notice            More than Six Months            Other            Damages reasonable X  
City not involved            Offer rejected            Compromise settlement X  
Repair/replacement by Ins. Co.            Repair/replacement by City Forces             
Claimant Negligent            City Negligent X Joint            Claim Abandoned           

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 2,000.00 Adverse            Account charged: 1A01 X 2J01            2H01             
Claims Manager:  Concur/date 09-12-01  
Committee Action:            Council Action

# State Farm Insurance Companies



Auto Claim Central  
11350 Johns Creek Parkway  
Post Office Box 10003  
Duluth, Ga 30096-9403

June 11, 2001

Marcia Dell  
City Of Atlanta Police Dept  
675 Ponce DE Leon Ave  
Atlanta, GA 30311

ENTERED - 7-9-01 - SB  
01L0413 - ALEXIS HOLMES

RE: Claim Number: 11-3646-508  
Our Insured: Willie Broadnax  
Date of Loss: May 22, 2001  
Amount of Loss: TO BE DETERMINED

Dear Claims Dept:

We are advised that you were involved in an accident on the above date with our insured. The information in our file indicates that you are responsible for this accident. Please provide us with the following information:

Do you have liability insurance? Yes \_\_\_ No X

(If yes, please complete the following)

Insurance Company and/or agent name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy/Claim Number: \_\_\_\_\_

Have you reported this accident to your Insurance Company? Yes \_\_\_ No \_\_\_

If you do not have insurance, please forward the above amount to settle this account or contact this office to discuss payment terms.

Sincerely,

*D. Schoenl*

David J. Schoenl, Team 2  
Claim Specialist  
(800) 578-8001

State Farm Mutual Automobile Insurance Company

01-R-1526